BATENT ADDI ICATION SEE RETERMINAMEN COLOR					Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective January 1, 2003				10615659					
CLAIMS AS FILED - PART (Column 2)				LL ENT		OR		R THAN ENTITY	
TOTAL CLAIMS	34		N	TE	FEE]	RATE	FEE	
FOR ·	MARKER PLED	NUMBER EXTR	A BAS	CFEE 3	76.00	OR.	PASIC FEI	12	
TOTAL CHARGEABLE CLAIMS	34 minus 20=	. 14	_ N	95		OR	X\$18=	252	
INDEPENDENT CLAIMS	7 minus 3 o		_ ×	20		O.P.	X084±	A.JA	
MILITIPLE DEPENDENT CLASS PRESENT				_					
* If the difference in column 1 is less than zero, enter "O" in column 2						OR	+280=		
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CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)				M Du	MY (OR	other Small		
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FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM					\exists °	-			
" If the entry in column a is toes than the entry in column 2, with "O' in column 2. " If the "Olyhed Number Previously Paid For' IN THOS SPACE is tess than 20, with "20."			+140-	4	Of Of	_	101AL -	\exists	
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SELECTION (SEE 1503) . ATT COME	Mart Policy Other 2003— 40	47 43 13	Prost and To	neen Cr	w.UA.D	Tau A	Design of C	MOVED CO	

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OR

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 ï OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR! NUMBER EXTRA NUMBER FILED RATE RATE FEE FEE BASIC FEE s 385.0 5770.0 (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR + 2<u>90</u>, ي MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) (Column 2) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RAT RA ADDI-ADDI-**EXTRA** ENDMENT **AFTER PREVIOUSLY** TIONAL TIONAL AMENDMENT FFF PAID FOR FEE Total (37 CFR 1.16(c)) Minus x s 9 x \$/8 OR Minus x s 43 x s 86 OR + s29D= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ PRESENT RATE ADDI-ADDI-REMAINING NUMBER ATE PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT **AFTER** AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR + \$290 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OΒ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST \circ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**EXTRA** TIONAL TIONAL ENDMENT AFTER **PREVIOUSLY** FEE AMENDMENT PAID FOR Minus Total (37 CFR 1.16(c)) OR Independent (37 CFR 1.15(b)) Minus OR + \$290= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL

. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

33

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".